

Ship to:

Toronto General Hospital
Flow Cytometry Laboratory, Eaton Wing 11-444
200 Elizabeth Street
Toronto, Ontario, Canada M5G 2C4

Phone: 416-340-4800 ext. 5252 or 5680

Fax: 416-340-5543

Report Inquiry: 416-340-4800 ext. 5875

SAMPLES WILL ONLY BE ACCEPTED:

(excluding holidays)

Monday to Thursday: 9 am – 5 pm

Friday: 9 am – 12:30 pm

Patient Name: _____

Date of Birth: _____ (DD/MM/YYYY)

HCN _____ **Version Code** _____

Gender: (M/F) _____ **Hospital MRN:** _____

Accession #: _____

Institution Name: _____

Ordering Physician: _____

Physician Billing #: _____

Physician Phone #: _____

Lab Contact Phone #: _____

Lab Contact Fax #: _____

Sample Information

Clinical Information/Diagnosis: _____

Date and Time of Collection: _____ (DD/MM/YYYY) _____ (HH:MM)

Blood (~5 mL)

FNA (Specify) _____

Lymph Node (Specify) _____

Bone Marrow Aspirate (~2 mL)

Fluid (Specify) _____

Other Tissue (Specify) _____

CSF (5 mL recommended)

CELL POPULATION ENUMERATION: Please include recent CBC printout. Samples must be received within 30 hours of collection.

CD4, CD8, CD3 Absolute Count and CD4/CD8 Ratio

– send one tube (EDTA) blood @RT

Lymphocyte Subset Enumeration (T-B-NK)

– send one tube (EDTA) blood @RT

IMMUNOPHENOTYPING: Please include recent CBC printout and one unstained blood or bone marrow slide as appropriate

Lymphoproliferative Disease:

- Blood & Bone Marrow send one tube (EDTA) blood or (Sodium Heparin) bone marrow @RT
- Excised lymph node (or other tissue) – send ~5 mm² tissue in RPMI 1640 – enough to cover tissue @4°C (do not allow sample to freeze)
- Fine needle aspirate (FNA), Fluid or CSF – send in sterile screw cap container @4°C

Acute Leukemia

- send one tube (EDTA) of blood or (Sodium Heparin) bone marrow @RT

Myeloproliferative Neoplasm

- send one tube (Sodium Heparin) bone marrow @RT

Myelodysplastic Neoplasm (MDS)

- send one tube (Sodium Heparin) bone marrow @RT

Multiple Myeloma/Plasma Cell Neoplasm

- send one tube (Sodium Heparin) bone marrow @RT

CD19/CD20 (Rituximab)

- send one tube (EDTA) blood @RT

PNH (includes bound C3d and iRBC subsets as reflex)

- send one tube (EDTA) blood @RT + transfusion history

Mastocytosis

- send one tube (Sodium Heparin) bone marrow @RT

For testing not listed on the requisition please contact the laboratory before sending samples.

MEASURABLE RESIDUAL DISEASE (MRD) DETECTION: Please include any previous flow cytometry immunophenotyping results. First pull marrow samples are recommended.

If on immunotherapy, specify: _____

Acute Myeloid Leukemia

- send one tube (Sodium Heparin) bone marrow @RT

Acute B-Lymphoblastic Leukemia

- send one tube (Sodium Heparin) bone marrow @RT

Acute T-Lymphoblastic Leukemia

- send one tube (Sodium Heparin) bone marrow @RT

Multiple Myeloma/Plasma Cell Neoplasm

- send two tubes (~4-6 mL, EDTA) bone marrow @RT

Chronic Lymphocytic Leukemia

- send one tube (EDTA) blood @RT and CBC